



PATIENT: MELVIN ROBINSON  
DOB: 02/23/1978  
AGE: 43  
PAT NO: 91112829

PHYSICIAN: Thomas Roush, MD

DATE OF EXAM: 12/07/2021  
EXAM: P72050 PR X-RAY C-SPINE 4//5 VIEWS

#### RADIOGRAPHS OF THE CERVICAL SPINE

CLINICAL HISTORY: Car accident 12/18/2018 status post surgery 11/02/2021

TECHNIQUE: 7 views of the cervical spine were obtained.

COMPARISON: Cervical spine radiographs 07/16/2021

#### FINDINGS:

Normal alignment. No significant spondylolisthesis or pathologic motion on flexion or extension views. The odontoid is intact. Vertebral body heights are maintained. Interval postsurgical change of C5-C6 disc replacement. No hardware complication is seen. The remaining intervertebral disc heights are preserved. Mild facet arthropathy and uncovertebral spurring with possible osseous encroachment on the right C3-C4 and C5-C6 neural foramina. Normal bone mineralization. Minimal prevertebral soft tissue swelling, likely sequela of recent surgery. The visualized lung apices are within normal limits.

#### IMPRESSION:

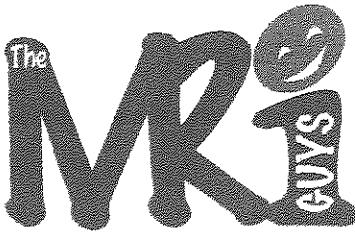
Interval postsurgical change of C5-C6 disc replacement without complication.

Digitally signed by: Melissa Kwan on 12-08-2021 09:17 AM EST

For referring physicians: If you have any question regarding this report or if you need to speak with the radiologist please call 305-749-6413.

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PATIENT NAME	ROBINSON, MELVIN
DATE OF BIRTH	02/23/1978
REFERRING PHYSICIAN	SELINGER, CRAIG D.C.
DATE OF EXAM	12/26/2018
MRN	60244

**MRI OF THE CERVICAL SPINE WITHOUT CONTRAST**

**HISTORY:** Neck pain on both sides of the neck that radiates down into the mid back. Motor vehicle accident 12/19/2018.

**TECHNIQUE:** T1 and T2 sagittal with T2 axial imaging is available. Present are 48 images. No prior studies or reports are currently available.

**FINDINGS:** The posterior fossa structures are preserved. There is no Chiari malformation. The craniocervical junction and the atlantodental space appear normal.

C2-3 disc is normal in height and T2 nuclear signal. There is no herniation, bulging, or annular fissure. The foraminal structures are unremarkable.

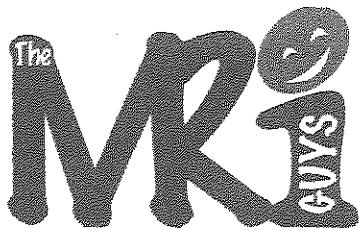
C3-4 disc shows bulging with normal height and T2 nuclear signal. The foraminal structures are unremarkable.

C4-5 disc is preserved. There is normal height and normal T2 nuclear signal. The foraminal structures are unremarkable.

C5-6 disc shows central herniation with spondylosis and bilateral foraminal encroachment. The disc is normal in height and normal in T2 nuclear signal.

C6-7 and C7-T1 disc spaces are normal in height and normal in T2 nuclear signal. There is no herniation, bulging, or annular fissure. The foraminal structures are unremarkable.

The cervical cord is normal in diameter without syrinx or edema. The canal is normal in dimension without stenosis. There is cervical lordotic straightening. No acute fracture, dislocation, or bony destructive lesions are noted. The adjacent soft tissues are unremarkable.



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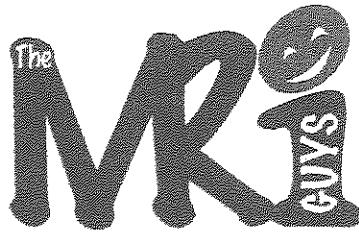
**MRI OF THE CERVICAL SPINE WITHOUT CONTRAST (Continued)**

**IMPRESSION:**

1. C5-6 disc shows central herniation with spondylosis and bilateral foraminal encroachment. The disc is normal in height and normal in T2 nuclear signal.
2. There is bulging at C3-4.
3. There is cervical lordotic straightening.

  
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#### **MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST**

**HISTORY:** Pain localized in the joint, limited range of motion with pain. Motor vehicle accident 12/19/2018.

**TECHNIQUE:** Routine multiplanar MR imaging is available. Present are 104 images. No prior studies or reports are currently available.

**FINDINGS:** The acromial process is low lying and encroaches on the rotator interval. Acromioclavicular hypertrophic changes are demonstrated. There is fluid in the subdeltoid bursa.

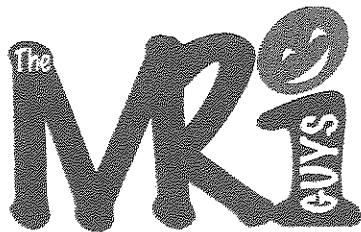
The rotator cuff has normal muscular development. Supraspinatus tendinosis changes are demonstrated. The infraspinatus tendon is unremarkable. No full-thickness or retracted rotator cuff tear is evident. The subscapularis and the teres minor tendons are intact.

The biceps tendon is normally positioned within the bicipital groove. The labrum is intact without demonstrated tear. The intraarticular long head portion of the biceps tendon is unremarkable. There is a prominent bicipital labral sulcus. The inferior glenohumeral ligaments are thickened reflecting capsulitis. No acute fracture, dislocation, or bony destructive lesions are noted. The adjacent soft tissues are unremarkable.

#### **IMPRESSION:**

1. Supraspinatus tendinosis. Full-thickness rotator cuff tear is not identified.
2. Subdeltoid bursitis.
3. Capsulitis.

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REFERRING PHYSICIAN	SELINGER, CRAIG D.C
DATE OF EXAM	12/26/2018
MRN	60244

#### MRI OF THE LEFT SHOULDER WITHOUT CONTRAST

**HISTORY:** Pain localized with limited range of motion. Motor vehicle accident 12/19/2018.

**TECHNIQUE:** Routine multiplanar MR imaging is available. Present are 106 images. No prior studies or reports are currently available.

**FINDINGS:** The acromial process is low lying and encroaches in the rotator interval. There is fluid in the subdeltoid bursa.

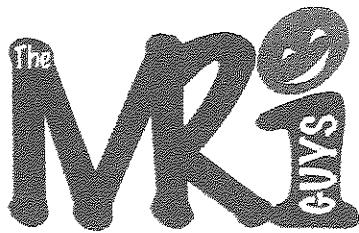
The rotator cuff has normal muscular development throughout. There are supraspinatus tendinosis changes. The infraspinatus tendon is preserved. The subscapularis tendon is unremarkable. The teres minor tendon is unremarkable. There is no evidence for full-thickness or retracted rotator cuff tear.

The biceps tendon is normally located within the bicipital groove. The labrum appears intact without demonstration of tear. There is thickening in the inferior glenohumeral ligaments. No acute fracture, dislocation, or bony destructive lesions are noted. The adjacent soft tissues are unremarkable.

#### **IMPRESSION:**

1. Supraspinatus tendinosis. There is no evidence for full-thickness or retracted tear.
2. Subdeltoid bursitis is demonstrated.
3. Capsulitis changes are evident.

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DATE OF EXAM	12/26/2018
MRN	60244

#### MRI LUMBAR SPINE WITHOUT CONTRAST

**HISTORY:** Low back pain radiating into right hip and leg status post MVA 12/19/18.

**TECHNIQUE:** T1 and T2 sagittal with T2 axial imaging is available. Present are a total of 47 images. No prior studies or reports are currently available.

**FINDINGS:** T12-L1, L1-2, L2-3, L3-4, and L4-5 disc spaces are preserved. There is normal height and normal T2 nuclear signal. The foraminal structures are unremarkable.

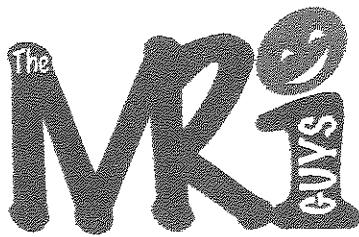
L5-S1 disc shows central herniation with focal annular fissure. This is demonstrated series 3 image 5. There is no demonstrated foraminal encroachment.

The conus terminates normally at the L1 level. The central canal is preserved. No acute fracture, dislocation, or bony destructive lesions are noted. The adjacent soft tissues are unremarkable. There is loss of normal lumbar lordotic curve.

**IMPRESSION:**

1. L5-S1 disc shows central herniation with focal annular fissure. This is demonstrated series 3 image 5. There is no demonstrated foraminal encroachment.
2. There is lumbar lordotic straightening.

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PATIENT NAME	ROBINSON, MELVIN
DATE OF BIRTH	02/23/1978
REFERRING PHYSICIAN	VALERIO, JOSE MD
DATE OF EXAM	05/25/2021 16:43
MRN	62044

**EXAM: MRI lumbar spine without contrast**

**HISTORY:** Low back pain radiating into hips and down left leg status post MVA 12/19/18. No surgeries.

**TECHNIQUE:** Routine multiplanar MR imaging is available. Present are a total of 47 images. This study is compared with prior dated 12/26/2018.

**FINDINGS:** T12-L1, L1-2, L2-3, and L3-4 discs are normal in height and normal in T2 nuclear signal. There is no herniation, bulging, or annular fissure. The foraminal structures are unremarkable.

L4-5 disc shows bulging with normal height and normal T2 nuclear signal. The foraminal structures are unremarkable.

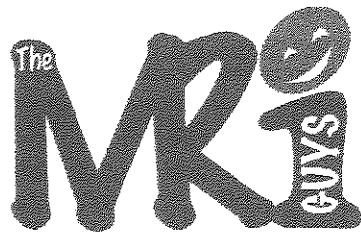
L5-S1 disc is normal in height and T2 nuclear signal. There is broad-based unchanged herniation without foraminal encroachment.

The conus terminates normally at the L1 level. The central canal is preserved. No acute fracture, dislocation, or bony destructive lesions are noted. The adjacent soft tissues are unremarkable.

**IMPRESSION:**

1. Broad-based unchanged herniation at L5-S1.
2. New bulging at L4-5.

  
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<b>REFERRING PHYSICIAN</b>	VALERIO, JOSE MD
<b>DATE OF EXAM</b>	05/25/2021 16:43
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